

Application Data Sheet**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

YES

Computer Readable Form (CRF)?::

YES

Number of copies of CRF::

1

Title::

DIAGNOSTICS AND THERAPEUTICS FOR
DISEASES ASSOCIATED WITH
AMINOPEPTIDASE-LIKE 1 (NPEPL1)
004974.01111

Attorney Docket Number::

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

0

Total Drawing Sheets::

3

Small Entity?::

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

Applicant Information

| | |
|---|-------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | DE |
| Status:: | Full Capacity |
| Given Name:: | Stefan |
| Middle Name:: | |
| Family Name:: | GOLZ |
| Name Suffix:: | |
| City of Residence:: | Essen |
| State or Province of Residence:: | |
| Country of Residence:: | DE |
| Street of mailing address:: | Buckmannsmuhle 46 |
| City of mailing address:: | Essen |
| State or Province of mailing address:: | |
| Country of mailing address:: | DE |
| Postal or Zip Code of mailing address:: | 45326 |

| | |
|----------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | DE |
| Status:: | Full Capacity |
| Given Name:: | Ulf |
| Middle Name:: | |
| Family Name:: | BRUGGEMEIER |
| Name Suffix:: | |
| City of Residence:: | Leichlingen |
| State or Province of Residence:: | |
| Country of Residence:: | DE |
| Street of mailing address:: | Leysiefen 20 |
| City of mailing address:: | Leichlingen |

State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Middle Name::
Family Name:: GEERTS
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckertstr 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/EP2004/011007 | 2 October 2004 |
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|-----------------|--------------------|
| EUROPE | 03023812.5 | 17 October 2003 | YES |
| | | | |
| | | | |

Assignee Information

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: D-51368